

EXHIBIT 5

STATEMENT OF ASSETS AND LIABILITIES

Name: <u>Claudia Lembumba</u>		How long at current address:	
Address: [REDACTED]		City: <u>Paris</u>	State: <u>France</u> Zip Code:
ANNUAL INCOME:			
Salary \$	[REDACTED]	Name of Employer	[REDACTED]
\$		Name of Employer	
Other \$	[REDACTED]	Source	[REDACTED]
Total \$	[REDACTED]		
ASSETS:		LIABILITIES:	
Cash (Schedule A)	\$ [REDACTED]	Accounts Payable	\$
Stocks & Bonds (Schedule B)	\$ [REDACTED]	Notes Payable (Schedule F)	\$
Real Estate (Schedule C)	\$	Mortgages (Schedule C)	\$
Life Insurance, Cash Value, less a		Other Liabilities	\$
Loans (Schedule D)	\$	Net Worth	\$
Other Assets (Schedule E)	\$		
TOTAL	\$	TOTAL	\$
Schedule A - CASH		Schedule F - NOTES PAYABLE	
Bank	Amount	Name of Creditor	Amount
<u>580 - CASH</u>	\$ [REDACTED]		\$
	\$		\$
	\$		\$
	\$		\$
Schedule B - STOCKS & BONDS			
Security	Market Value	Security	Market Value
<u>BGS - [REDACTED]</u>	\$ [REDACTED]		\$
	\$		\$
	\$		\$
	\$		\$
Schedule C - REAL ESTATE			
Location	Description	Recorded in the name of	Rent Income
			Assessment
			Mortgage held by
			Amount
Schedule D - LIFE INSURANCE			
Schedule E - OTHER ASSETS			
Explain			

DATE:

22/07/2014

SIGNATURE:

SIGNATURE:



INSURANCE BINDER

OP ID: DN

DATE (MM/DD/YYYY)

7/24/2014

THIS BINDER IS A TEMPORARY INSURANCE CONTRACT, SUBJECT TO THE CONDITIONS SHOWN ON THE REVERSE SIDE OF THIS FORM.

AGENCY Las Vegas - PCS Marsh USA Inc. 7251 West Lake Mead Blvd. #401 Las Vegas, NV 89128		COMPANY Pacific Indemnity Co BINDER # 72558	
PHONE (A/C, No, Ext): 800-814-5500		FAX (A/C, No): 702-804-7250	
CODE: AGENCY CUSTOMER ID: LEMBCL1		SUB CODE:	
INSURED Claudia Lemboumba 1 Central Park West #32G New York NY 10023		DESCRIPTION OF OPERATIONS/VEHICLES/PROPERTY (Including Location) Condominium at: 1 Central Park West #32G New York, NY 10023	

COVERAGES

LIMITS

TYPE OF INSURANCE	COVERAGE/FORMS	DEDUCTIBLE	COINS %	AMOUNT
PROPERTY CAUSES OF LOSS <input type="checkbox"/> BASIC <input type="checkbox"/> BROAD <input checked="" type="checkbox"/> SPEC Deductible - \$5,000	Additions & Alterations Personal Property Personal Liability Per Occur Medical Payments			1700000 500000 5000000 25000
GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE DAMAGE TO RENTED PREMISES MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG		\$ \$ \$ \$ \$ \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS		COMBINED SINGLE LIMIT BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE MEDICAL PAYMENTS PERSONAL INJURY PROT UNINSURED MOTORIST		\$ \$ \$ \$ \$ \$
AUTO PHYSICAL DAMAGE DEDUCTIBLE <input type="checkbox"/> COLLISION: <input type="checkbox"/> OTHER THAN COL:	<input type="checkbox"/> ALL VEHICLES <input type="checkbox"/> SCHEDULED VEHICLES	ACTUAL CASH VALUE STATED AMOUNT OTHER		\$ \$ \$
GARAGE LIABILITY <input type="checkbox"/> ANY AUTO		AUTO ONLY - EA ACCIDENT OTHER THAN AUTO ONLY: EACH ACCIDENT AGGREGATE		\$ \$ \$ \$
EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM	RETRO DATE FOR CLAIMS MADE:	EACH OCCURRENCE AGGREGATE SELF-INSURED RETENTION WC STATUTORY LIMITS		\$ \$ \$ \$
WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY		E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT		\$ \$ \$
SPECIAL CONDITIONS/ OTHER COVERAGES		FEES TAXES ESTIMATED TOTAL PREMIUM		\$ \$ \$

Annual Policy Premium: \$6,094

NAME & ADDRESS

ECREE LLC 1 Central Park West #32G New York NY 10023	<input type="checkbox"/> MORTGAGEE <input type="checkbox"/> LOSS PAYEE	<input checked="" type="checkbox"/> ADDITIONAL INSURED
	LOAN #	
	AUTHORIZED REPRESENTATIVE <i>Desiree Ryzarke</i>	

CONDITIONS

This Company binds the kind(s) of insurance stipulated on the reverse side. The Insurance is subject to the terms, conditions and limitations of the policy(ies) in current use by the Company.

This binder may be cancelled by the Insured by surrender of this binder or by written notice to the Company stating when cancellation will be effective. This binder may be cancelled by the Company by notice to the Insured in accordance with the policy conditions. This binder is cancelled when replaced by a policy. If this binder is not replaced by a policy, the Company is entitled to charge a premium for the binder according to the Rules and Rates in use by the Company.

Applicable in California

When this form is used to provide insurance in the amount of one million dollars (\$1,000,000) or more, the title of the form is changed from "Insurance Binder" to "Cover Note".

Applicable in Colorado

With respect to binders issued to renters of residential premises, home owners, condo unit owners and mobile home owners, the Insurer has thirty (30) business days, commencing from the effective date of coverage, to evaluate the issuance of the Insurance policy.

Applicable in Delaware

The mortgagee or Obligor of any mortgage or other instrument given for the purpose of creating a lien on real property shall accept as evidence of insurance a written binder issued by an authorized insurer or its agent if the binder includes or is accompanied by: the name and address of the borrower; the name and address of the lender as loss payee; a description of the insured real property; a provision that the binder may not be canceled within the term of the binder unless the lender and the insured borrower receive written notice of the cancellation at least ten (10) days prior to the cancellation; except in the case of a renewal of a policy subsequent to the closing of the loan, a paid receipt of the full amount of the applicable premium, and the amount of insurance coverage.

Chapter 21 Title 25 Paragraph 2119

Applicable in Florida

Except for Auto Insurance coverage, no notice of cancellation or nonrenewal of a binder is required unless the duration of the binder exceeds 60 days. For auto insurance, the Insurer must give 5 days prior notice, unless the binder is replaced by a policy or another binder in the same company.

Applicable in Nevada

Any person who refuses to accept a binder which provides coverage of less than \$1,000,000.00 when proof is required: (A) Shall be fined not more than \$500.00, and (B) is liable to the party presenting the binder as proof of insurance for actual damages sustained therefrom.

NOTES:INSURED'S NAME **Claudia Lemboumba****LEMBCL1**PAGE **3**OP ID: **DN**DATE **7/24/2014**

The following valuable articles coverage is included:
Jewelry (Blanket): \$25,000
Fine Arts (Blanket): \$50,000
Silverware (Blanket): \$25,000